



City of Frankfort
PLANNING & BUILDING CODES
DEPARTMENT
P.O. Box 697
Frankfort, KY 40602
Phone: (502) 352-2094 Fax: (502) 875-3579
www.frankfort-ky.gov

OFFICE USE ONLY

Received: ____________

Payment Amt: \$_____

AP No. _____

Meeting: _____

**APPLICATION FOR APPEAL
FRANKFORT/FRANKLIN COUNTY BOARD OF ZONING ADJUSTMENT**

Meeting Date: _____

Filing Deadline: _____

A. APPLICANT INFORMATION

☐ check if primary contact

Applicant: _____

Mailing Address: _____

Daytime Phone : _____

Email: _____ Fax: _____

B. OWNER INFORMATION (if different than above)

☐ check if primary contact

Name: _____

Mailing Address: _____

Daytime Phone: _____

Email: _____ Fax: _____

C. SITE INFORMATION

General Location of Property: _____

Subdivision Name: _____

Street Address: _____

D. ZONING INFORMATION

Zoning of Property: _____

Existing Use of Property: _____

Proposed Use of Property: _____

Size of Property: _____ Acres or _____ Square Ft.

D. SPECIFIC INFORMATION

Type and date of staff decision appeal is being sought: _____

Please describe in general terms, the basis for this appeal: _____

E. SUPPORTING INFORMATION

The following items must be attached to the application as supporting information to this request:

1. A vicinity map showing the location of the request.
2. Plans drawn to scale showing the dimensions and shape of the lot, the size and locations of existing buildings, the locations and dimensions of the proposed buildings or alterations, and any natural topographic peculiarities of the lot in question.
3. Statement of how the appeal meets the requirements of K.R.S. 100.261. This section is listed below:

Appeals to the board may be taken by any person, or entity claiming to be injuriously affected or aggrieved by an official action, order, requirement, interpretation, grant, refusal, or decision of any zoning enforcement officer. Such appeal shall be taken within thirty (30) days after the appellant or his agent receives notice of the official by filing with said officer and with the board a notice of appeal specifying the grounds thereof, and giving notice of such appeal to any and all parties of record. Said officer shall forthwith transmit to the board all papers constituting the record upon which the actions appealed from was taken and shall be treated as and be the respondent in such further proceedings. At the public hearing on the appeal held by the board, any interested person may appear and enter his appearance, and all shall be given an opportunity to be heard.

4. A list of adjoining property owners & their mailing addresses.
5. Filing Fee of \$150 (Checks should be made payable to the Frankfort/Franklin County Planning Commission.)

Signature of Property Owner(s)

Date:

NOTE: One(1) copy of this form and the Supporting Information, items 1 through 5, must be filed with the Frankfort/Franklin County Board of Zoning Adjustment at the City of Frankfort, Department of Planning and Building Codes within thirty (30) days of receipt of the notice of violation or denial.

BZA APPEAL
FOR OFFICIAL USE ONLY

Date Filed: _____

Fee Paid: _____

Receipt #: _____

Date of Notice in Newspaper: _____

Date of Notice to Adjoining Property Owners: _____

Date of Public Hearing: _____

Board of Zoning Adjustment Recommendation:

☐ Approval

☐ Denial

Minute Book: _____ Page # _____

Certificate of Land Use Restrictions Filed in County Clerk's Office on: _____
Date